



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**

DHSS Breath Alcohol Program  
By Carol Day at 10:06 am, Mar 01, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <u>201268</u>	DATE OF INSPECTION <u>2-27-10</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>201 E. Park Vandalia MO 63382</u>	TIME OF INSPECTION <u>2318</u>

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) <u>34.0 °C</u>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> <u>.096%</u>	TEST 2 <input checked="" type="checkbox"/> <u>.097%</u>	TEST 3 <input checked="" type="checkbox"/> <u>.097%</u>
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)					
REFUSALS <u>3</u>	(0-.04) <u>1</u>	(.05-.09) <u>—</u>	(.10-.14) <u>—</u>	(.15-.19) <u>—</u>	(Over .19) <u>—</u>

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Instrument is operating within DRI specifications

Brand: Beck Conc: 100% Lot #: 9210 Expires: 9-23-10

**INSPECTING OFFICER**

SIGNATURE <u>Justin Landis</u>	PRINT NAME <u>Justin Landis</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>420108 / 3-17-16</u>	TELEPHONE NUMBER <u>573-594-6927</u>



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09270** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1207** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **September 23, 2010** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



JUSTIN LANDIS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 03/17/08

Number 820108

Expires 03/17/2010

MO 583-0771 (7-88)

*David C. Allen*  
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Director of State Public Health Laboratory

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Director, Department of Health

Lab. 4 (R7-88)

Face This Side Down - This Edge In First

## BAC DataMaster Evidence Ticket

DATE OF INCIDENT  
NUMBER OF INCIDENT REPORTED

DATE OF INCIDENT REPORTED  
TIME OF INCIDENT

LOCATION OF INCIDENT

TYPE OF INCIDENT

NAME OF INCIDENT

DESCRIPTION OF INCIDENT

NAME OF INCIDENT

DESCRIPTION OF INCIDENT

NAME OF INCIDENT

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NAME OF INCIDENT

NAME OF INCIDENT

DESCRIPTION OF INCIDENT

NAME OF INCIDENT

DESCRIPTION OF INCIDENT

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-0

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down – This Edge In First

# BAC DataMaster Evidence Ticket

Case No. 100-1000000  
Vehicle No. 100-1000000

Driver's License No. 100-1000000  
Date of Birth 10/10/10  
Sex M

Operator's License No. 100-1000000

Operator's Name 100-1000000

Operator's Address 100-1000000

Operator's Phone 100-1000000

Operator's Email 100-1000000

Operator's Date of Birth 10/10/10

Operator's Sex M

Operator's Height 100-1000000

Operator's Weight 100-1000000

Operator's Hair 100-1000000

Operator's Eyes 100-1000000

Operator's Skin 100-1000000

Operator's Teeth 100-1000000

Operator's Nails 100-1000000

Operator's Fingers 100-1000000

Operator's Toes 100-1000000

Operator's Feet 100-1000000

Operator's Hands 100-1000000

Operator's Arms 100-1000000

Operator's Legs 100-1000000

Operator's Back 100-1000000

Operator's Neck 100-1000000

Operator's Head 100-1000000

Operator's Face 100-1000000

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-02